

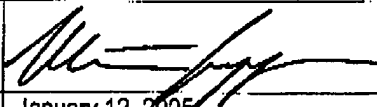
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JAN 12 2005

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/590,594	
	Filing Date	06/09/2000	
	First Named Inventor	KOSMACH, JAMES J. ET AL.	
	Group Art Unit	2637	
	Examiner Name	CHANG, EDIT M.	
Total Number of Pages in this Submission	3	Attorney Docket Number	PF02072NA

ENCLOSURES		(check all that apply)
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-Related papers	<input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter with appropriate copies
<input checked="" type="checkbox"/> Extension of time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Response to Restriction Requirement
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Associate Power of Attorney
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> RCE
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	<input type="checkbox"/> Copy of Notice to File Missing Parts
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Matthew C. Loppnow	Registration No.	45,314
Signature			
Date	January 12, 2005		

CERTIFICATE OF TRANSMITTAL/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to facsimile number 703-872-9306 or deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 on the date listed below:	
Typed or printed name	June Edwards
Signature	
Date	January 12, 2005

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number PF02072NA
In re Application of	KOSMACH, JAMES J. ET AL.	
Application Number	09/590,594	Filed 06/09/2000
For	METHOD AND APPARATUS FOR ASSIGNING BIT METRICS FOR SOFT DECISION DECODING	
Group Art Unit	2637	Examiner CHANG, EDITH M.

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entty fee are as follows: (check time period desired):

<input type="checkbox"/>	One Month (37 CFR 1.17(a)(10))	\$110.00	\$
<input type="checkbox"/>	Two Months (37 CFR 1.17(a)(2))	\$420.00	\$
<input checked="" type="checkbox"/>	Three Months (37 CFR 1.17(a)(3))	\$1020.00	\$1,020.00
<input type="checkbox"/>	Four Months (37 CFR 1.17(a)(4))	\$1480.00	\$
<input type="checkbox"/>	Five Months (37 CFR 1.17(a)(5))	\$2010.00	\$

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the amount shown above is reduced by one-half, and the resulting fee is \$ _____

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required or credit any overpayment, to Deposit Account Number 502117. The Deposit Account Name is Motorola, Inc.

I have enclosed a duplicate copy of this sheet.

I am the:

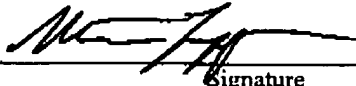
☐ Applicant/inventor

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ Attorney or agent of record (Registration No.: 45,314)

☐ Attorney or agent under 37 CFR 1.34(a)
Registration number if acting under 37 CFR 1.34(a) _____

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

<u>January 12, 2005</u> Date <u>847-523-2585</u> Telephone Number	 Signature <u>MATTHEW C. LOPPNOW</u> Type or printed name
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.

Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 form(s) are submitted

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.